FORM (RF-3)

SUMMARY SHEET

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
F	Automobile Liability Private		
	Passenger	***************************************	
	Commercial		**************************************
	Automobile Physical Damag		
	Private Passenger		
	Commercial		
	iability Other Than Auto	20,478	0.05%
	Burglary and Theft		
	Blass		<u>.</u>
	idelity		
	Surety		
	Boiler and Machinery		
-	ire		
	xtended Coverage		
	nland Marine		
	fomeowners		
	Commercial Multi-Peril		
	Crop Hail		
C	Other		Section 1 to the section of the sect
	Life of Insurance		
ſ	Does filing only apply to certain	n territory (territories) or	certain
	Classes? If so	(comment of the comm	
(specify:		
(specify: NO		
5	specify.	ing follows rates of an a	dvisory
5 - E	Brief description of filing. (If fili	•	
- E	Brief description of filing. (If fili	ing follows rates of an a	
- E	Brief description of filing. (If fili	Adopt 150	Increase Limit Factors
- E	Brief description of filing. (If filiorganization, specify organization):	Adopt 150 n Number 61-20	Increase Limit Factors
E (Brief description of filing. (If filing) Organization, specify Organization): From Designation Our business utilize 'Adjusted to reflect all prior rate	Adopt 150 Number 61-20 Les Premises/ope e changes.	Increase Limit Factors 108-1ALL 1 10405 Table 3
E (Brief description of filing. (If filiorganization, specify organization): From Designation Our business while	Adopt 150 Number 61-20 Les Premises/ope e changes.	Increase Limit Factors 108-1ALL 1 10405 Table 3
E () () () () () () () () () (Brief description of filing. (If filing) Organization, specify Organization): From Designation Our business utilize 'Adjusted to reflect all prior rate	Adopt 150 Number 61-20 Les Premises/ope e changes. um level which will resu	Increase Limit Factors 1008-1ALL 1 11 from application of new
E () () () () () () () () () (Brief description of filing. (If filing) Organization, specify Organization): Som Designation Out business while 'Adjusted to reflect all prior rate '*Change in Company's premise	Adopt 150 Number 61-20 Les Premises/ope e changes. um level which will resu	Increase Limit factors 1008-1ALL 1 11 from application of new
E () () () () () () () () () (Brief description of filing. (If filing) Organization, specify Organization): Som Designation Out business while 'Adjusted to reflect all prior rate '*Change in Company's premise	Adopt 150 Number 61-20 Les Premises/ope e changes. um level which will resu	Increase Limit factors 208-1ALL 1 Johns Table 3

SUMMARY SHEET

FORM (RF-3)

Change in Company's premium or rate level produced by rate revision Effective August 1, 2009 New Business, October 1, 2009 Renewals

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1. Automobile Liability		The second secon
Private Passenger		
Commercial		
2. Automobile Physical Damage		A STATE OF THE STA
Private Passenger		
Commercial		
3. Liability Other Than Auto		The second of th
(Directors and Officiers Liability)	137029	18.2%
4. Burglary and Theft		A ST TO ST T
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	REC	EIVED
9. Fire		
10. Extended Coverage		A STATE OF THE STA
11. Inland Marine	1111	2 2 2009
12. Homeowners		2 2 2003
13. Commercial Multi-Peril	STATE	OF ILLINOIS
14. Crop Hail	DEPARTMEN	IT OF INSURANCE
15. Other	SPF	RINGFIELD
		The state of the s
Does filing only apply to certain ter	ritory (territories) or certain clas	sses? No
If so, specify: n/a		

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Because of the lack of credibility in the experience for our Non-Profit Directors and Officers program, we are using the ISO Management Protection Program as a guide for determining rates. ISO recently introduced their Not-For-Profit Management Protection Program. Using this, we have come up with new rates for our recently introduced Non-Profit Directors and Officers Liability Policy.

The Non-Profit D&O Liability Base Premiums were determined based on the not-for-profit loss costs recently filed by ISO for their Management Protection Program, with adjustments for Employee Practices Liability, the difference in asset groups, and the difference in deductibles. We also applied the American Family Loss Cost Multiplier and a Rating Factor for the different types of classifications, as shown in ISO Division Fifteen.

* Written Premium - Adjusted to reflect all prior rate changes

AMERICAN FAMILY MUTUAL INS. CO.

Name of Company Christa Adler Competitive Pricing Research Analyst Official – Title

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety	The second secon	
Boiler and Machinery		
Fire		
Extended Coverage /		
Inland Marine		
Homeowners		
Commercial Multi-Peril /		
Crop Hail		
Other Liquor Liability	1,650,321	-40%
Life of Insurance		
Does filing only apply to certa	in territory (territories) or (certain
Classes? If so,		
specify: No		
Brief description of filing. (If fi	ling follows rates of an ac	
Organization, specify	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
organization):	Revised Commercial Liquo	r Liability Rates
* A	to changes	
*Adjusted to reflect all prior ra	te changes. ium level which will result	

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

JUN 1 9 2009

Terry Falls-Workers' Compensation Coordinator
Official - Title

BMIC-126197247

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or ra	te level produced by rate revision effective	9-1-2009 NB, 11-1-2009 RB
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private	Market Ma	
Passenger Commercial 2. Automobile Physical Damage		
Private Passenger Commer	cial	
Liability Other Than Auto	\$4,692,482	9.2%
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners	A SUMMANUM.	
13. Commercial Multi-Peril	A second	
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territ	ory (territories) or certain classes? If so, specify:	
2000 ming only apply to ocitain term	or a contract of the contract	
Brief description of filing. (If filing follows)	ows rates of an advisory organization, specify or	ganization): ISO
Please refer to the enclosed Actuarial Memora	indum.	
*Adjusted to reflect all prior rate char		
**Change in Company's premium lev	vel which will result from application of new rates	·
	Consolin	lated Insurance Company
		lame of Company
	·	y
	Kelly Joslyn. S	Sr. Technician, Regulatory Filing
		Official – Title

FORM (RF-3)

SUMMARY SHEET

MAY 2 9 2009

RECEIVED

Updated General Liability Loss Costs Effective 06/01/2009 New 06/01/2009 Renewal, Filing #5381

	(1) <u>Coverage</u>		(2) Annual Premium Volume (Illinois)*		(3) Percent Change (+ or -)**	
1.	Automobile Liability Private Passenger					
	Commercial					
2.	Automobile Physical Damage		•			
	Private Passenger					
	Commercial					
3.	Liability Other Than Auto	•	\$2,751		14.69%	
4.	Burglary and Theft					
5.	Glass					
6.	Fidelity					
7.	Surety					
8.	Boiler and Machinery					
9.	Fire					
0.	Extended Coverage					
1.	Inland Marine					
2.	Homeowners					
3.	Commercial Multi-Peril					
4.	Crop Hail					
5.	Other		· · · · · · · · · · · · · · · · · · ·			
	Line of Insurance	· 				
	Does filing only apply to certain specify: No certain	territory (territories		If so,		
		updated our Gener		ts. We wri	te only one CGL policy in	า
	*Adjusted to reflect all prior **Change in Company's premi		ll result from applica	tion of nev	w rates.	
				Casualty Co		
			Name	of Compa	any	

Anne Thomas, Program Manager
Official--Title

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective 05/01/2009 New 08/01/2009 Renewal. Filing #5355.

	(1)	(2)	(3)
	Carrana	Annual Premium	Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	Liquor Liability only \$5,128,504	+1.34%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Liquor Liability only.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rating relativities factors for Tavern, Restaurant, Package Liquor Store, Private Club, or Halls or Banquet Facilities will be applied by multiplying the factors instead of adding the factors. New relativity factors apply to liquor liability for Package Liquor Store, Private Club, and Halls or Banquet Facilities.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Name of Company
Name of Company

Name of Company
Official--Title

filing# 5355

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Comp	any's premium or rate level p	produced by rate revision effective	9-1-2009 NB, 11-1-2009 RB
	(1)	(2) Annual Premium	(3) Percent
<u>9</u>	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
	Liability Private		
	ger Commercial		
	Physical Damage		
	Passenger Commercial		
•	er Than Auto	\$13,841,805	9.2%
4. Burglary and	t Theft		
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and M	lachinery		
9. Fire			
10. Extended Co	overage		
11. Inland Marin	ie		
12. Homeowner	s		
13. Commercial	Multi-Peril		
14. Crop Hail			
15. Other			
***************************************	Line of Insurance		
Does filing only a	apply to certain territory (territ	ories) or certain classes? If so, specify:	
		of an advisory organization, specify org	anization): ISO
Please refer to the er	closed Actuarial Memorandum.		
** ' ' ' ' ' ' '			
	ect all prior rate changes.	90 16 C	
**Change in Con	npany's premium level which	will result from application of new rates.	
		· · · · · · · · · · · · · · · · · · ·	Insurance Company
		Na	me of Company
			Tankatalan Barataka 500
			Technician, Regulatory Filing
		(Official – Title

RECEIVED

FORM (RF-3)

MAY 2 6 2009

SUMMARY SHEET

Change in Company's premium or rate level produced by Patent Linois effective August 1, 2009

Official - Title

	enective	•	
-	(1)	(2) Annual Premium	(3) Percent
	Coverage -	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	657,108	-8.0%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	-		
	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage	· · · · · · · · · · · · · · · · · · ·	
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Life of Insurance		
	Does filing only apply to certai	n territory (territories) or	certain
	Classes? If so,	in termery (termemes) ex	
	· · · · · · · · · · · · · · · · · · ·	s - See attached exhib	it
	<u></u>		
	Brief description of filing. (If fil	ling follows rates of an a	dvisory
	Organization, specify	mig ionowo iatos oi air a	a
	organization):		
	•	2	certain classes by
	territory for premises/oper	actions and products.	
	*Adjusted to reflect all prior re	te changes	
	*Adjusted to reflect all prior rate **Change in Company's prem	ium level which will resu	It from application of new
	——————————————————————————————————————	IUIII ICYGI WIIIOH WIII ICSU	it nom apphoadon of now
	rates.	Iowa Ame	rican Insurance
			me of Company
	•		Barber - Compliance
		1	* · · · · · · · · · · · · · · · · · · ·

FORM (RF-3)

SUMMARY SHEET



_	Change in Company's premiure effective August 1, 2009 (1)	(2) Annual Premium	DEPARTMENT OF ILLINOIS SPRENGFIELD, ILLINOIS Percent
	Coverage	Volume (Illinois) *	_ Change (+or-) **
1.	Automobile Liability Private Passenger		
2	Commercial		***************************************
2	Automobile Physical Damag		
	Private Passenger		
,	Commercial		
3.	Liability Other Than Auto	1,223,057	
4. -	Burglary and Theft		
5.	Glass		
). 7	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
).	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other		
	Life of Insurance		
	Does filing only apply to certa Classes? If so,	in territory (territories) or	certain
	specify:	Yes - See atta	ched exhibit
			<u> </u>
	Brief description of filing. (If fi Organization, specify	ling follows rates of an a	advisory
	organization):	Adjust rates for	certain classes by
	territory for premises/oper		
	*Adjusted to reflect all prior ra **Change in Company's premates.	te changes. ium level which will resu	ılt from application of new
		Iowa Mut	ual Insurance
			ame of Company
	·	Beverly	Barber - Compliance
		- · · -	Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate	level produced by rate revision effective	9-1-2009 NB, 11-1-2009 RB
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
I. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercia		
3. Liability Other Than Auto	\$11,771,646	9.2%
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire		
Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Dana Blancack L.	(Assertantes) or or take allowers O. H and the	
oes tiling only apply to certain territory	(territories) or certain classes? If so, specify:	
	The Art of	
Brief description of filing. (If filing follow	s rates of an advisory organization, specify org	ganization): ISO
Please refer to the enclosed Actuarial Memorandu		
Total Total Control of		
	The state of the s	
Adjusted to reflect all prior rate change	es.	
	which will result from application of new rates.	
		rlands Insurance Company
	N	ame of Company
	Malla, Jank	r Tachnician Beautator: 500-
	Kelly Joslyn, S	r. Technician, Regulatory Filing Official – Title
		Onicial - Title

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Ch	Change in Company's premium or rate level produced by rate revision effective		9-1-2009 NB, 11-1-2009 RB	
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
1.	Automobile Liability Private			
	Passenger Commercial			
2.	Automobile Physical Damage	L A HILL II A SECTION AND A SECTION ASSECTION ASSECTION ASSECTION AND A SECTION ASSECTION ASSECTION ASSECTION ASSECTION ASSECTIO		
_	Private Passenger Commercial			
3.	Liability Other Than Auto	\$3,180,526	9.2%	
4.	Burglary and Theft			
5.	Glass			
6. 7.	Fidelity			
7. 8.	Surety Boiler and Machinery			
9.	Fire			
	Extended Coverage			
	Inland Marine			
	Homeowners			
	Commercial Multi-Peril			
	Crop Hail			
	Other			
	Line of Insurance			
Do	es filing only apply to certain territory (ter	itories) or certain classes? If so, specify:		
	ef description of filing. (If filing follows rate ase refer to the enclosed Actuarial Memorandum.	es of an advisory organization, specify or	 	
	ljusted to reflect all prior rate changes. change in Company's premium level which		i. demnity Insurance Company	
			lame of Company	
		Kally Jackya	Sr. Technician, Regulatory Filing	
		Kelly Josiyii, S	Official – Title	

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		9-1-2009 NB, 11-1-2009 RB	
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto	\$1,932,089	9.2%
4.	Burglary and Theft		
5.	Glass		and the second s
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9. 10	Fire Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other		
	Line of Insurance		
Do	es filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	
Brie	ef description of filing. (If filing follows ra	ates of an advisory organization, specify or	ganization): ISO
	ase refer to the enclosed Actuarial Memorandum.		
			National Control of the Control of t
	ljusted to reflect all prior rate changes.		
**C	change in Company's premium level wh	ich will result from application of new rates	3.
			ess Insurance Company
		1	Name of Company
		Kelly Joslyn, S	Sr. Technician, Regulatory Filing
			Official – Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	ate level produced by rate revision
effective 10/01/2009	

-	(1)	(2) Annual Premium	(3) Percent			
	Coverage	Volume (Illinois) *	Change (+or-) **			
1.	Automobile Liability Private					
	Passenger					
	Commercial	\$261,064	-3.2%			
2	Automobile Physical Damag					
	Private Passenger		•			
	Commercial	\$4,753	-3.2%			
3.	Liability Other Than Auto					
4.	Burglary and Theft					
5.	Glass					
6.	Fidelity		And the second s			
7.	Surety					
8.	Boiler and Machinery		the state of the s			
9.	Fire					
10.	Extended Coverage	***************************************				
11.	Inland Marine					
12.	Homeowners					
13.	Commercial Multi-Peril	:	***************************************			
14.	Crop Hail					
15.	Other					
10.	Life of Insurance					
•	certain					
	specify: N/A					
	Brief description of filing. (If filing follows rates of an advisory Organization, specify					
	organization):	This filing is to adopt th	e ISO Loss Costs contained in			
	ISO Reference #CA-2009-BRLA1.					
	*Adjusted to reflect all prior rate changes					

Preferred Professional Insurance Company
Name of Company
Denise A. Hill, VP, Corporate Compliance Officer
Official — Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent	
Coverage -	Volume (Illinois) *	Change (+or-) **	
Automobile Liability Private			
Passenger			
Commercial			
Automobile Physical Damag			
Private Passenger			
Commercial			
Liability Other Than Auto	2440547	+10.0	
Burglary and Theft			
Glass			
Fidelity			
Surety			
Boiler and Machinery			
Fire			
Extended Coverage			
Inland Marine			
Homeowners			
Commercial Multi-Peril			
Crop Hail			
Other			
Life of Insurance			
D			
Does filing only apply to certa Classes? If so,	in territory (territories) o	r ceπain	
·			
specify: No			
Priof description of filing (If fi	ling follows rates of an	ndvinon	
Brief description of filing. (If fi Organization, specify	ing follows rates of art a	advisory	
organization):	Adopting ISO filings CL 2009 BCL1: CL 2009 IALL		
	Adopting ISO filings GL-2008-BGL1; GL-2008-IALL Refer to Rate/Rule Schedule tab for manual page changes.		
Tri -2003-INGLOS, Tevised Edivis. Tr	teler to Materiale ochedule	tab for manual page changes	

SECURA Insurance, A Mutual Company

Name of Company
Daniel P Ferris - Vice President, General Counsel

Official - Title

SUMMARY SHEET

	Change in Company's premium or rate	e level produced by rate revision effec	etive36,435.	Effective 1-1-2010
	(1)	(2) Annual Premium	CI.	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Cha</u>	nge (+ or -)**
1.	Automobile Liability			
	Private Passenger			
	Commercial			
2.	Automobile Physical Damage Private Passenger			
•	Commercial	902.520	4.10/	
3.	Liability Other Than Auto	893,529	-4.1%	
4. 5.	Burglary and Theft Glass		<u></u>	
5. 6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery	BEC	EIVEE	
9.	Fire	- RLO		
10.	Extended Coverage			
11.	Inland Marine	11111	4 2009	
12.	Homeowners	JUN	4 2000	
13.	Commercial Multi-Peril			
14.	Crop Hail	STATE O	F ILLINOIS	E
15.	Other Line of Insurance	DEPARTMENT	OF INSURANC	
Rate Brief	iling only apply to certain territory (te change applies to all insureds. description of filing. (If filing follows g to decrease base rate for Veterinaria	rates of an advisory organization, spe		
** C	djusted to reflect all prior rate change hange in Company's premium level w sult from application of new rates.			
		_2	Zurich American I	
			Name of (Company
			Karen Falbo, Regu Analyst	
			Official	- Title